

Department of Health and Human Services Children's Licensing and Investigation Services

Exception Request Form

Agency Name:		License #:	Арр	roved Age Range:	to
Site Address:			_ Max. Capa	acity Approved:	
Phone:	Fax:		Additional	Approved Services: Alcohol & Drug	☐ Education
Agency Type:					Lucution
**********************************	*******	********	******	*******	******
Child's Initials:		Date of Birth:	Date:		
Gender: Male Female	Guardian:				
Date of Admission: Other Children in Facility:	Original Dis	scharge Date:	_ Requested	Discharge Date:	
	Age	Male Fe	male male male male	<u>Age</u>	
Reason for Exception Request: Sibling Group Other Additional Comments (Please Include to	he Child's I	☐☐Outside licensed age of the licensed age of	range but out		rent milieu
Plan to Address Needs/Safety Issues of	the Child	and Impact on the Gener	al Milieu:		
(PLEASE ATTACH ADDITIONAL DOCUMENT	S AS NEEDE	D)			
Please Check All That Apply: No Additional Staff Measures Needed Other		☐ Constant Eyes-On Sugar ☐ Additional Staffing		Child Following Hours (_to)
Signature - Staff Requesting the Exception	on/Title			Request Dat	e
DHHS Use Only: Janet S. Whitten, MSW Program Mar DHHS, OCFS, Children's Licensing & Approval Date:	Investigat			Approved: □Yes	□No
Please email completed request form to	o <u>janet.whit</u>	ten@maine.gov			

PHONE: (207) 287-5020 TTY USERS: Dial 711 (Maine Relay) FAX: (207) 287-9304